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	Subject/Title: Supervisory Guides and Tools	
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Child welfare supervisors play a pivotal role in translating and fulfilling the agency's vision, mission and values. Supervisors model, teach and support the Child Welfare Practice Model, MiTEAM, partnering with families and the community to promote safety, well-being and permanent families for children. Supervisors are also responsible for creating and maintaining a supportive working and learning environment through open communication, teaming and accountability at all levels - both internally and externally.

Per PSM 713-1, 714-1 and FOM 722-6, the caseworker must meet with his/her supervisor at least monthly for case consultation on every active case. All case consultation meetings between the caseworker and supervisor must be documented in the social work contact section of the respective case service plan.

In addition, the supervisor must review and approve the case service plan and required assessments. Supervisory approval indicates agreement with:

- Thoroughness, completeness and accuracy of the report.
- Assessment/reassessment of risk and safety of the child.
- The identified needs and strengths of the child and family.
- The rate of progress identified, including barrier reduction and parenting time.
- Appropriateness of current placement.
- Current treatment plan for the child(ren) and parent(s).
- Permanency planning goal.
- The caseworker's court recommendations.
- Appropriateness of continued provision of services or case closure.

Two CPS and Foster Care **Supervisory Guides and Tools** have been developed as part of a workgroup comprised of front-line supervisors from DHS and private agency providers to assist supervisors in conducting effective and comprehensive supervision sessions with staff. The supervisory guides and tools must be utilized during case consultations with staff to gather information and assess whether the child's safety, permanency and well-being needs are met. The items in the guides are listed as prompts to facilitate discussion and should be supported by case documentation. The supervisory tool may be used to record notes and items for follow-up. **The guides and tools are not to be included in the case file.**

Attachments (6):

- DHS-1154, Foster Care Supervisory Guide
- DHS-1155, Foster Care Supervisory Tool
- DHS-1156, CPS Investigation Supervisory Guide
- DHS-1157, CPS Investigation Supervisory Tool
- DHS-1158, CPS Ongoing Supervisory Tool
- DHS-1159, CPS Ongoing Supervisory Guide

FOSTER CARE SUPERVISORY GUIDE

Michigan Department of Human Services

This *Foster Care Supervisory Guide* is intended to assist supervisors in conducting effective and comprehensive supervision sessions with direct services staff. The items are listed as prompts to guide discussion and should be supported by case documentation. It is expected that a single supervisory session will only cover some of these topics.

Supervisors may use the *Foster Care Supervisory Tool* to record notes and feedback and items for follow-up. **The guides and tools are not to be included in the case file.** Supervisors should refer to case listing reports to ensure each case is addressed every month.

Child Safety (FOM 722-9B)

- Safety assessed; how was the family involved? What is needed to eliminate risk?
- Safe sleep plan outlined. How was the safe sleep guidelines explained to the caregiver? (if infant).
- Findings (initial/ongoing) and whether intervention is appropriate. What did the caseworker observe?
- How was risk reduced or eliminated? What are the parents/child(ren) doing differently?
- Additional abuse/neglect complaint? If so, what are the allegations?
- Describe the factors evaluated to determine the child's safety in the current placement. If safety concerns were identified, how were the concerns addressed? Is there a safety plan in place?

Child Well-Being (FOM 722-2, 722-8, 722-8B)

- Describe face-to-face visits with the child. (frequency, quality, location/announced/unannounced) (FOM 722-6)
- Describe the child's sleeping arrangement.
- Describe efforts to engage the child during home visits and other contacts.
- Physical health (needs/services).
 - Date of full initial medical exam/date of well-being check/full medical form completed by doctor.
- Mental health (needs/services)/SED Waiver. Services identified and child's benefit from those services.
- Dental (needs/services):
 - Date of last dental exam.
- Education (review records, assess and address needs/IEP/tutoring.) (FOM 722-2, 722-6).
- Date education records received/date of last report card/date of last IEPC/date of last EPDST.
- Adjustment to foster care (stability) and progress towards achievement of the permanency plan.
- Placed with siblings? (FOM 722-2)
 - If not, what efforts are being made to reunite siblings?
- Preserving the child's connections; how and with whom?
- Determination of Care completed and is supported by narrative.

Youth over 14 (FOM 722-6, FOM 722-15, FOM 950)

- Youth engaged in developing the case plan. Describe the process of engagement with the youth.
- Michigan Works! Referral completed. (14 and over)
- Independent living services identified, referrals provided and description of youth benefit.
- National Youth in Transition Database survey completed.
- Semi-Annual Transition Meeting held. (16 and older)
- Transition plan created/Semi-Annual Transition Plan Report (DHS-901) completed and thorough (16 and older). How was the youth involved?
- 90-Day Discharge Planning Meeting held. How was youth involved in planning? Discharge Plan (DHS-902) completed and thorough.
- Transitional MA active (18 and over).
- MSHDA referral (18 and over).
- Youth informed about Young Adult Voluntary Foster Care. (FOM 722-16) (For youth preparing to exit foster care.)
- For youth in YAVFC, quarterly eligibility confirmations. Date of last eligibility review.
- Annual credit reports requested and reviewed with the youth. (16 and older)
- Referral for TIP, if needed.
- If YIT funds were utilized, documentation is included in the CANS.

Permanency Plan and Concurrent Plan (FOM 721, FOM 722-7)

- For child in institutional care:
 - 90-Day placement review completed.
 - Pre-ten review completed. (for children under the age of ten)
- Native American/Tribal status determined/Tribe notified. (NAA 200)
- What is the family's vision of permanency?
- Is the permanency plan appropriate and timely? What efforts have been made to achieve permanency?

- Describe how the elements of the permanency and concurrent plans are connected to the assessment.
- Describe concerted efforts to involve parents, caregivers and child(ren) in creating the case plan.
- How does the child's placement support the permanency goal and concurrent goal.
- Concurrent goal identified within 120 days? How do the child, parents and caregiver feel about the goal?
- What are the barriers to permanency?
- What changes have you seen in the family and how will they affect permanency?
- Where is the family in the court process?
- Progress toward adoption (if applicable). If permanency goal is APPLA or APPLA-E, appropriate approvals have been completed.
- Case reviewed by FCRB? Recommendations addressed? How?

Mother/Father/Putative Father – review for each parent involved (FOM 721, 722-8A)

- Identified, located and efforts made to establish paternity.
- Describe efforts to engage the parents.
- Assessment of needs (i.e., substance abuse/mental health/domestic violence, etc.)
- Needs and strengths identified by the parents. How did the caseworker facilitate this discussion?
- Describe how the case plan was developed from the assessment of the parents.
- Engaged in support services; how? Describe progress and benefit of services to the parent(s).
- Barriers to reunification; how is the caseworker assisting to overcome the barriers?
- Parents' strengths incorporated into the case plan. How was this completed?
- Describe the parents' history and current living situation(s).
- Family members' perception of progress.
- Is the parenting time appropriate to engage the parents in all aspects of the child's life and sufficient to promote/maintain their bond? Describe how this is being accomplished.

Foster Parent/Caregiver (FOM 722-6)

- Engaged in the case plan. Describe how the caregiver was involved in case planning.
- Assessment of needs. Describe how the plan was impacted by the assessment.
- Participating in support services. Describe the caregiver's level of involvement and progress.
- How is the caregiver taking care of the child's needs?
- Upcoming payment due dates/issues.
- Barriers to reunification. Is the caregiver working with the family to overcome the barriers?
- What are the caregiver's strengths; how did the caseworker facilitate this?
- Caregiver notified of court hearings and outcomes; response noted.
- Describe the relationship between the caregiver and the child. What has the caseworker observed?
- Describe the plans/efforts to connect the foster parent/caregiver with the birth parent(s).

Relatives or Other Appropriate Placements or Supports Identified (FOM 722-3, 722-6)

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| <ul style="list-style-type: none"> • Describe initial and quarterly efforts to search and engage relatives. (Maternal/paternal/fictive kin) • Status of Initial Relative Home Study. (FOM 722-3) • Central registry and criminal history check completed. | <ul style="list-style-type: none"> • Licensing referral and status of licensure. Frequency of contact with licensing worker. • Licensing waiver request completed. Reason for waiver. • Describe how relatives are engaged in the case plan. |
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Family/Sibling Visitation with the Child (FOM 722-6)

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| <ul style="list-style-type: none"> • Mother – frequency and location. • Father – frequency and location. • Sibling(s) – frequency and location. • Significant others. | <ul style="list-style-type: none"> • Parent/child visit report. • Parenting time progress to move towards less restrictive frequency/location. • Barriers to increasing the frequency of parenting time and how resolved. |
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Treatment Plan and Service Agreement (FOM 722-8C)

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| <ul style="list-style-type: none"> • Individualized to the family's needs. • Parents, youth and caregiver involved/signed. • Progress and recommended changes. • Individual disciplinary plan in PATP. • Confidentiality statement in PATP. | <ul style="list-style-type: none"> • Level of compliance by each individual. Do the services match the family's needs? Child's needs? • Are the parents and children benefiting from the services? • Parenting time plan is clear and expectations are behaviorally specific to allow increased frequency and duration. |
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Support Services (Families First, Family Reunification Program, counseling, etc.) (FOM 722-6, 903-17)

- How are you mentoring this family? Are other services providing mentorship to the family?
- Appropriate and timely (referral should be made within 30 days).
- Contract agencies working with the family and number of contacts made, describe.
- Required number of contacts by caseworker are met?

Family Team Meeting (date, team members, decisions made, accomplishments)

- Family Team Meetings held; what recommendations were made?
- How were the team members and location of the meeting determined?
- What is working to enhance the success of this family? What is not working?
- How is the team meeting process supporting child safety, permanency and well-being?
- How would you describe the family's unity of effort? Are the roles and responsibilities of team members clear?
- What does the family say they need to be successful?
- How do the child, youth and family view the adequacy of services? What is your level of agreement?
- How does the family view their progress based on goals set in the team meeting?
- Was full disclosure made of the child welfare process, court processes, and parental rights and responsibilities in family team meetings?
- Family Team Meeting Report completed and behaviorally specific.

Primary Concerns and Action Steps

- Assist the caseworker in defining the concerns leading to risk to the child(ren) and action steps to address them.
- What should happen for the threats/risk to be mitigated?
- What should happen for the youth and family to achieve healthy functioning?

Case Closure (FOM 722-15)

- Contact made with each child prior to closure.
- Reunification assessment completed. Does it support case closure?
- Safety assessment completed/safety plan established.
- Other identified services in place prior to closure?
- For youth exiting care, does youth need HYR referral?

Caseworker Support and Self-Care

- Process the caseworker's reaction to the family or youth's story as needed (secondary trauma).
- Make a plan for caseworker support and/or self-care.
- Ask the caseworker:
 - How do you feel about your role in this case?
 - Is there anything I can do to help you? What can we work on together to improve things?

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

CPS INVESTIGATION SUPERVISORY GUIDE

Michigan Department of Human Services

This *CPS Investigation Supervisory Guide* is intended to assist supervisors in conducting effective and comprehensive supervision sessions with direct services staff. The items are listed as prompts to guide discussion and should be supported by case documentation. It is expected that a single supervisory session will only cover some of these topics.

Supervisors may use the *CPS Investigation Supervisory Tool* to record notes and feedback and items for follow-up. **The guides and tools are not to be included in the case file.** Supervisors should refer to case listing reports to ensure each case is addressed every month.

Coordination with law enforcement

- LEIN check completed, if required. (PSM 712-3)
- Central registry check completed. (PSM 713-2)
- Law enforcement involved. How? (PSM 713-13)
- Law Enforcement Notification sent.

Case history review (PSM 713-1)

- Previous court involvement.
- Prevalent and underlying family issues/patterns (trends).
- Assessment of previous interventions/outcomes.

Child safety

- Verified safety of each child within standard of promptness. How? (PSM 712-4)
- **Safety of the child assessed (formally or informally) for all households** (PSM 713-1)
 - Note:** A new safety assessment must be completed after each child interview.
- Safety assessment completed and findings documented (initial/ongoing) for each household.
- Intervention is appropriate and supported by observation/documentation.
- Describe how the family's strengths were incorporated into safety planning.
- Safety plan developed and updated as needed. What is the family doing as a result of the plan?
- **Risk assessment for all households** (PSM 713-11)
 - What is the identified risk level? Overrides?
 - Risk assessment completed?
 - If risk level is high and there is not a preponderance of evidence, is the reasoning explained in the dispositional findings?
 - How has the assessment impacted planning?

Child well-being

- Forensic interview completed for all children. Were all allegations addressed? (PSM 713-1)
- Face-to-face visits (quality): (PSM 713-1, 713-3)
 - Date of most recent visit/date of upcoming visit.
 - Did you observe the child's sleeping arrangements?/Did you address safe sleep with the caregiver?
- Native American/tribal status determined. (PSM 713-1) (NAA 200)
- Needs and strengths identified by the child. How was this information gathered? (PSM 713-12)
- Physical health (needs/services). Was a medical exam obtained? (PSM 713-4)
- Request for Medical/Mental Health Information completed. (PSM 713-6)
- Authorization to Release Protected Health Information completed.
- Mental health (needs/services). (PSM 713-12)
- Dental (needs/services). (PSM 713-12)
- Education (needs/services – Individual Educational Plan/tutoring). (PSM 713-12)
- How was the child's support network/relatives identified? (PSM 713-1, 713-3)
- Describe the worker's efforts to engage the child.
- What is the child's perspective on the current situation?
- How is the caregiver taking care of the child's needs? (PSM 713-1)

Mother/Father/Putative Father – review for each parent involved (PSM 713-1, 713-3, 713-12, 715-2)

- Identified and located. Household member?
- Face-to-face visits (quality).
- Assessment of needs (mental health/substance abuse/domestic violence).
- Describe how the plan was developed from the assessment.
- Needs and strengths identified by the mother. How was this information gathered?
- How was the parent engaged in support services?
- Barriers to case plan (support or services). How is the worker assisting the parent to overcome barriers?
- Relatives identified. How was the support network identified?
- Describe worker efforts to engage the parent.
- Describe the relationship between the parent and the children; what is this based on?
- What is the parent's perspective on the current situation?
- Discussion of placement options and concurrent planning if placement is occurring?

Perpetrator/other (PSM 713-1) <ul style="list-style-type: none"> • Interviewed. 	
Significant adults/other household members/collateral contacts (PSM 713-1, 713-4) <ul style="list-style-type: none"> • Referral source/mandated reporters. • Non-custodial parent. • Relatives/other family members or friends. • Physicians/probation officers, etc. • Other significant persons contacted. • Notice of Friend of the Court sent/1450 (How to Change Custody or Parenting Time Order) to both parties. 	
Investigation (PSM 713-10, CPS Investigation Checklist) <ul style="list-style-type: none"> • Timely (discuss the reason for any delay). • Additional information relevant to the risk to and safety of the child. • All allegations described in the report (include information from child interview). • Observation of the scene completed? Photographs taken? (PSM 713-10, 713-1, 716-7, 716-8) • Disposition of the case (substantiated/not substantiated/open for services). • Documentation supports disposition. • Summary of new complaints in the report period; are they documented accurately? 	
Support services (Families First, Family Reunification Program, counseling, etc.) (PSM 713-1, PSM 711-1) <ul style="list-style-type: none"> • How are you mentoring this family? Are other services providing mentorship to the family? • Appropriate and timely (referral should be made within 30 days). • List contract agencies working with the family and the number of contacts made. • Required number of contacts by worker? 	
Family Team Meeting (date, team members, decisions made) (PSM 714-1 and FTM Protocol) <ul style="list-style-type: none"> • Family Team Meeting held; what decisions were made? • Who are the members of the team? • Who determined the location of the meetings? • From the family's perspective, what needs to happen for them to be successful? • How is the team meeting process supporting child safety, permanency and well-being? • Is concurrent planning occurring? Do all plans support permanency? • How do the child, youth and family view the services? What is your level of agreement? • How does the family view their progress toward the goals set in the team meeting? • Was full disclosure made of the child welfare process, court processes, and parental rights and responsibilities in family team meetings? 	
Court Involvement (PSM 715-2) <ul style="list-style-type: none"> • Was a written court order obtained prior to removal? • Review of court order to ensure reasonable efforts were made/contrary to the child's welfare to remain in home. • Friend of the Court notification. • Next court date/court report due date. • Parents, youth and caregiver notified. • Tribe notified (if applicable). 	
Primary concerns and action steps for worker	Action steps for supervisor
Policy review <ul style="list-style-type: none"> • Addressed relevant policy questions. 	
Worker support and self-care <ul style="list-style-type: none"> • Process the worker's reaction to the family or youth's story as needed (secondary trauma). • Make a plan for worker support and/or self-care. • Ask the worker: <ul style="list-style-type: none"> ○ How do you feel about your role in this case? ○ Is there anything I can do to help you? What can we work on together to improve things? 	

CPS ONGOING SUPERVISORY GUIDE

Michigan Department of Human Services

This *CPS Ongoing Supervisory Guide* is intended to assist supervisors in conducting effective and comprehensive supervision sessions with direct services staff. The items are listed as prompts to guide discussion and should be supported by case documentation. It is expected that a single supervisory session will only cover some of these topics.

Supervisors may use the *CPS Ongoing Supervisory Tool* to record notes and feedback and items for follow-up. **The guides and tools are not to be included in the case file.** Supervisors should refer to case listing reports to ensure each case is addressed every month.

<p>Child Safety</p> <p>Safety of the child re-assessed (PSM 713-1, 714-4)</p> <p>Note: A new safety assessment must be completed after <u>each</u> child interview.</p> <ul style="list-style-type: none"> • Safety assessment (initial/ongoing). What information was used to develop/update the safety assessment? • Service provision appropriately addresses safety? • How was the safety plan developed and reviewed for continued appropriateness? (PSM 714-1) • Identified needs in the FANS/CANS addressed. • Describe how the family's strengths were incorporated into safety planning. • How are safety issues addressed as a result of the plan? 	<p>Risk assessment for <u>all</u> households (PSM 713-11, 714-4)</p> <ul style="list-style-type: none"> • Risk assessment completed? • What is being done to address the level of risk and the risk factors? • Describe the risk reduction (changes in behavior or other conditions that explain risk reduction). • Required contacts made based on risk level?
<p>Child well-being (PSM 714-1)</p> <ul style="list-style-type: none"> • Face-to-face visits (frequency and quality) (PSM 714-1) <ul style="list-style-type: none"> ◦ Date of most recent visit. Date of upcoming visit. • Observations of the child's home that impacts his/her safety or well being? <ul style="list-style-type: none"> ◦ Did the worker observe the child's sleeping arrangement? Address safe sleep practices? Assist with providing crib/pack and play, if needed? • Native American/Tribal status assessed. (PSM 713-1) (NAA 200) • Needs and strengths identified by the child. How was this information gathered? (PSM 713-12) • Physical health (needs/services). (PSM 713-4) • Mental health (needs/services). (PSM 713-12) • Dental (needs/services). (PSM 713-12) • Education (assess and address needs – Individualized Educational Plan, tutoring, etc.). (PSM 713-12) • How was the child's support network/relatives identified? (PSM 714-1) • Permanency plan. What is the child's understanding of their permanency plan? • Describe the worker's efforts to engage the child. (PSM 714-1) • What is the child's understanding to the current situation and services? (PSM 714-1) • How is the caregiver providing for the child's needs? (PSM 714-1) 	
<p>Mother/Father/Putative Father – review for each parent involved (PSM 713-1, 713-3, 713-12, 715-2)</p> <ul style="list-style-type: none"> • Identified and located. Household member? • Face-to-face visits (quality). • Assessment of needs and strengths (mental health/substance abuse/domestic violence). • Describe how the plan was developed from the assessment. • Needs and strengths identified by the mother. How was this information gathered? • Needs and strengths identified by the father. How was this information gathered? • How were the caretakers engaged in support services? • Barriers to case plan (support or services). How is the worker assisting the parent to address barriers? • Relatives identified. How was the support network of relatives and non-relatives identified? • Describe worker efforts to engage the parent. • Describe the relationship between the parent and the children; what is this assessment based on? What did the worker observe? • How do parents view the current situation? • Discussion of placement options and concurrent planning if placement is occurring? Describe the worker's efforts to engage the parent. (PSM 713-12) 	

Significant adults/other household members/collateral contacts (PSM 713-1) <ul style="list-style-type: none"> Referral source/mandated reporters. Non-custodial parent. Relatives/other family members or friends. Physicians/probation officers, etc. Other significant persons contacted. DHS-729 (Notice to Friend of the Court) sent to FOC (active FOC case)/1450 (How to Change Custody or Parenting Time Order) sent to both parents. 	
Summary of new complaints and trends during the report period (PSM 713-9, PSM 713-10 CPS Investigation Checklist)	
Treatment plan and services agreement (PSM 714-1) <ul style="list-style-type: none"> Individualized to the family's needs. Parents and youth involved/signed. Are youth developmentally able to discuss and sign service agreement? Family's progress in services and goals. Worker requested a signed DHS-1555CS. Was it received? Recommended changes. 	
Support services (Families First, Family Reunification Program, counseling, etc.) (PSM 713-1, PSM 711-1) <ul style="list-style-type: none"> How are you assisting this family? Are other services providing assistance to the family? Appropriate and timely (referral should be made within 30 days). Describe the contract agencies working with the family and number of contacts made. Required number of contacts by worker? 	
Family Team Meeting (date, team members, decisions made) (PSM 714-1 and FTM Protocol) <ul style="list-style-type: none"> Family Team Meeting held; what decisions were made? Who are the members of the team? Who determined the location of the meetings? What was the family's input? From the family's perspective, what needs to happen for them to be successful? How is the team meeting process supporting child safety, permanency and well-being? Is concurrent planning occurring? Do all plans support permanency? How do the child, youth and family view the services? What is your level of agreement? How does the family view their progress toward the goals set in the team meeting? Was full disclosure made of the child welfare process, court processes, and parental rights and responsibilities in family team meetings? 	
Court involvement (PSM 715-2) <ul style="list-style-type: none"> Was a written court order obtained prior to removal? Review of court order to ensure reasonable efforts were made/contrary to the child's welfare to remain in home. Friend of the Court notification. Next court date/court report due date. Parents, youth and caregivers notified. Tribe notified (if applicable). 	
Primary concerns and action steps for worker	Action steps for supervisor
Case closure (PSM 714-1, 714-4) <ul style="list-style-type: none"> Contact made with each child victim within 30-days of case closure. Risk assessment completed and supports closure. Client is unavailable for services. CPS services not needed – referred to other program. Case transferred to foster care. DHS-588 (Initial Relative Safety Screen) completed. 	
Policy review <ul style="list-style-type: none"> Addressed relevant policy questions that surfaced during this case consult. 	
Worker support and self-care <ul style="list-style-type: none"> Process the worker's reaction to the family or youth's story as needed (secondary trauma). Make a plan for worker support and/or self-care. Ask the worker: <ul style="list-style-type: none"> How do you feel about your role in this case? Is there anything I can do to help you? What can we work on together to improve things? What are some of the things you did well? 	

FOSTER CARE SUPERVISORY TOOL
Michigan Department of Human Services

Identifying Information			
Caseworker:	Supervisor:	Date:	Number of Foster Care Cases:
Case Name/Number:	Months in Care:	Reason for Placement:	
Wardship: TCW/PCW/MCI <ul style="list-style-type: none"> • Date of Last PER: • Placement Change? • If yes, Notifications Sent? • Payments Current? • Incarcerated Parent/Who? • Contacted/Engaged? 	Current Permanency Goal: Date of Initial Wardship: Date of TPR: Next Court Date: Hearing Type: <ul style="list-style-type: none"> • Court report due date: • Parents and youth notified ISP/USP Due Date:	Direct Foster Care/POS foster care agency: <ul style="list-style-type: none"> • Case Reviewed by Foster Care Review Board? • Recommendations Addressed? How? 	
		Native American/Tribal status: <ul style="list-style-type: none"> • Tribe Notified 	
Child Safety			
Child Well-Being			
Youth over 14			
Child Permanency Plan and Concurrent Plan			
Mother			
Father/Putative Father			

Foster Parent/Caregiver	
Relatives or Other Appropriate Placements Identified (for placement, guardianship, adoption or support)	
Family/Sibling Visitation with the Child	
Treatment Plan and Services Agreement	
Family Team Meeting (date, team members, decisions made)	
Court	
Case Closure	
Primary Concerns and Action Steps for Caseworker 1. 2. 3.	Supervisory Strategies 1. 2. 3.
Caseworker Support and Self-Care	
Caseworker Signature/Date	Supervisor Signature/Date
Next Case Conference Date/Time (once per calendar month):	

Foster Care Supervisory Tool Instructions

The **Foster Care Supervisory Tool** is intended to assist supervisors in conducting effective and comprehensive supervision sessions with direct services staff by providing an outline of essential items to address on each case, with space to include notes, feedback to the caseworker and reminders for follow-up. The tool is broken down into sections to guide discussion and case documentation. The **Foster Care Supervisory Guide** provides a more detailed listing for discussion and documentation than the **Foster Care Supervisory Tool**. All pertinent information shared should be documented in the case file. **The guides and tools are not to be included in the case file.**

Effective supervision is geared toward teaching and strengthening practice focused on outcomes and leads workers to think about what is best for children. Questions should be open-ended, strength-based, solution-focused and empowering.

Identifying Information: Include updated information regarding the worker, supervisor and caseload. Circle the correct wardship, update permanency information and circle whether it is a direct or POS case. Update other case-specific information, including Native American/tribal status of the child and whether tribal notification occurred, if applicable.

Child Safety: Discuss the needs of the child, including assessment of his/her safety, safety planning, risk reduction and any additional abuse or neglect complaint(s).

Child Well-Being: Discuss how the case plan addresses the child's well-being, including caseworker visits, physical, mental and dental health, educational needs, placement with siblings, preserving connections and the child's Determination of Care.

Youth over 14: If the youth is over the age of 14, discuss their specific needs for independent living, including services needed, referrals, transition plan and youth involvement in service planning.

Permanency Plan and Concurrent Plan: Discuss the child's permanency plan and its appropriateness to current circumstances, efforts to involve the child and his/her family in the case plan, the concurrent plan and progress toward adoption, if applicable.

Mother: Discuss the caseworker's contacts with the mother, assessment of her needs and strengths, services needed, barriers to the case plan and efforts to engage her in the case plan.

Father/Putative Father: Discuss the caseworker's contacts with the father, assessment of his needs and strengths, services needed, barriers to the case plan and efforts to engage him in the case plan.

Foster Parent/Caregiver: Discuss the caseworker's contacts with the foster parent/caregiver, assessment of their needs and strengths, services needed, barriers and efforts to engage them in the case plan.

Relatives or Other Appropriate Placements Identified: Discuss whether relatives or other supports have been identified and assessed for possible placement. Consideration should be given to maternal and paternal relatives and fictive kin.

Family/Sibling Visitation with the Child: Discuss the frequency, location and status of visitation with the mother, father and siblings (supervised or unsupervised). Is visitation used as an opportunity to assess and improve parenting skills?

Treatment Plan and Services Agreement: Discuss the treatment plan, whether it was individualized to the family's needs, parent and youth involvement in developing it, progress and any recommended changes.

Support Services – progress: Discuss referrals made to family preservation or support services, including whether services have begun, progress to date, etc. Include suggestions for other services if appropriate.

Family Team Meeting (date, team members, decisions made): Discuss the results of a Family Team Meeting scheduled or held, including who was involved and any decisions made by the family team.

Primary Concerns and Action steps: Assist the worker in defining the primary concerns leading to risk to the child/ren and action steps to address the concerns.

Case Closure: Address closure of the foster care case, including whether contacts and safety and reunification assessments support case closure. Include information on safety planning.

Worker Support and Self-care: Discuss the worker's values related to the case; process the worker's reaction to the family or youth's story (secondary trauma). Make a plan for worker support and/or self-care.

CPS INVESTIGATION SUPERVISORY TOOL
Michigan Department of Human Services

Identifying Information		
Worker:	Supervisor:	Date:
Total number of cases:	Pending cases:	Overdue cases:
Case name/number:	Native American/Tribal Status:	
Log Number:	Date CPS case assigned:	Priority response?
Allegations:	Dispositional findings:	Was SOP timeline met?
Coordination with law enforcement (PSM 712-3, PSM 713-2, PSM 713-13)		
Case history and trends review (PSM 713-1)		
Child/ren – Victim (PSM 713-1, 713-3, 713-6, 713-12, PSM 714-1)		
Safety of the child assessed (PSM 713-1)		
Mother (PSM 713-1, 713-3, 713-12, PSM 715-2)		
Father/Putative Father (PSM 713-1, 3, 12, PSM 715-2)		
Perpetrator/other (PSM 713-1)		

Other significant adults/other household members (PSM 713-1)	
Collateral contacts (PSM 713-1)	
Investigation (PSM 713-10, CPS Investigation Checklist)	
Support services (Family First, Family Reunification Program, counseling, etc.) (PSM 713-1, PSM 714-1)	
Safe sleep observations/discussion/provision of crib, if needed (PSM 713-1)	
Family Team Meeting (date, team members, decisions made) (PSM 715-2)	
Court involvement (PSM 715-2, 715-3)	
Primary concerns and action steps for the worker	Supervisory Strategies and action steps: 1. 2. 3.
Policy review	
Worker support and self-care	

CPS worker signature/date:	Supervisor signature/date:
Next case conference date/time (once per calendar month):	

CPS INVESTIGATION SUPERVISORY TOOL

Michigan Department of Human Services

The *CPS Investigation Supervisory Tool* is intended to assist CPS supervisors in conducting effective and comprehensive supervision sessions with direct services staff by providing an outline of essential items to address on each case, with space to include notes, feedback to the caseworker and reminders for follow-up. The tool is broken down into sections to guide discussion and case documentation. The *CPS Investigation Supervisory Guide* provides a more detailed listing of items for discussion and documentation than the *CPS Investigation Supervisory Tool*. All pertinent information shared should be documented in the case file.

Effective supervision is geared toward teaching and strengthening practice focused on outcomes and leads workers to think about what is best for children. Questions should be open-ended, strength-based, solution focused and empowering.

Identifying information: Include up-to-date information regarding the worker, supervisor and caseload, as well as case-specific information, including Native American/tribal status.

Case history review: Address any issues regarding case history, including previous interventions and progress, patterns, and the worker's and family members' assessments of the family's strengths.

Child/ren: Each child listed as a victim should be discussed individually, including verification of their safety, results of the forensic interview, their needs, strengths and appropriate services.

Safety of the child assessed (formally or informally): Discuss each child's safety and risk assessments, interventions and plans for ensuring their safety and include items for follow-up.

Mother: Discuss the caseworker's contacts with the mother, assessment of her needs and strengths, services needed, barriers and efforts to engage the mother in the case plan.

Father: Discuss the caseworker's contacts with the father, assessment of his needs and strengths, services needed, barriers and efforts to engage the father in the case plan.

Non-household members/collateral contacts: Discuss statements or information from collateral contacts, including the referral source, service providers, witnesses and other individuals connected to the family.

Summary of new complaints during the report period: Discuss any new complaints or allegations made during the report period.

Treatment plan and services agreement: Discuss the treatment plan, including whether it was individualized to the family's needs, parent and youth involvement in developing it, the family's progress and any recommended changes.

Support services – progress: Discuss referrals made to family preservation or support services, including whether services have begun, progress to date, etc. Include suggestions for other services if appropriate.

Family Team Meeting (date, team members, decisions made): Discuss the results of a Family Team Meeting scheduled or held, including who was involved and any decisions made by the family team.

Court involvement: Discuss court involvement, including funding requirements, active/reasonable efforts, upcoming court dates and notification of parents, caregivers and tribes (if applicable).

Primary concerns and action steps: Assist the worker in defining the primary concerns leading to risk to the child/ren and action steps to address the concerns.

Case closure: Address closure of the CPS case, including whether contacts and risk assessments were made supporting case closure. If the case was transferred to foster care, address whether relatives or kinship caregivers were screened.

Policy review: Address any policy questions the caseworker may have, including policy clarification, location in on-line manuals and any necessary follow-up. Include any supervisory contact to the CPS policy mail box.

Worker support and self-care: Discuss issues related to worker self-care, including personal values, worker reaction to the case (secondary trauma) and suggestions for worker support and self-care.

CPS ONGOING SUPERVISORY TOOL
Michigan Department of Human Services

IDENTIFYING INFORMATION

Worker:		Supervisor:		Date:
Total number of cases:	Pending investigations:	Ongoing cases:	Overdue cases:	
Case name:	Category:	Native American/Tribal status:		
Date CPS case assigned:	Were investigation and USP timeframes met?			
Next USP due:				
Dispositional findings that resulted in ongoing services:			Risk Level:	
Case history and trends review (PSM 713-1)				
Child/ren (PSM 713-1, 713-3, 713-6, 713-12, PSM 714-1)				
Was the safety of the child re-assessed and did the department include safety planning? (PSM 713-1)				
Mother (PSM 713-1, 713-3, 713-12, PSM 715-2)				
Father (PSM 713-1, 713-3, 713-12, PSM 715-2)				
Perpetrator/Other (PSM 713-1)				
Non-household members/collateral contacts (PSM 713-1)				
Summary of new complaints during the report period (PSM 713-10, CPS Investigation Checklist)				

Treatment plan and service agreement (PSM 712-8)
Support services (Families First, Family Reunification Program, counseling, etc.) (PSM 713-1, PSM 714-1)
Safe sleep observations/discussions (PSM 713-1)
Family Team Meeting (date, team members, decisions made) (PSM 715-2)
Court involvement (PSM 715-2, 715-3)
Coordination with law enforcement (PSM 712-3, 713-2, 713-13)
Primary concerns and action steps
Case closure and reduction of risk
Policy review
Worker support and self-care

CPS Worker signature:	Supervisor signature/date:
Next case conference date/time (once per calendar month)	

CPS Ongoing Supervisory Tool Instructions

The **CPS Ongoing Supervisory Tool** is intended to assist CPS supervisors in conducting effective and comprehensive supervision sessions with direct services staff by providing an outline of essential items to address on each case, with space to include notes, feedback to the caseworker and reminders for follow-up. The tool is broken down into sections to guide discussion and case documentation. The **CPS Ongoing Supervisory Guide** provides a more detailed listing of items for discussion and documentation than the **CPS Ongoing Supervisory Tool**. All pertinent information shared should be documented in the case file.

Effective supervision is geared toward teaching and strengthening practice focused on outcomes and leads workers to think about what is best for children. Questions should be open-ended, strength-based, solution focused and empowering.

Identifying information: Include up-to-date information regarding the worker, supervisor and caseload, as well as case-specific information, including Native American/tribal status.

Case history review: Address any issues regarding case history, including previous interventions and progress, patterns, and the worker's and family members' assessments of the family's strengths.

Child/ren: Each child listed as a victim should be discussed individually, including verification of their safety, results of the forensic interview, their needs, strengths and appropriate services.

Safety of the child re-assessed (formally or informally): Discuss each child's safety and risk assessments, interventions and plans for ensuring their safety and include items for follow-up.

Mother: Discuss the caseworker's contacts with the mother, assessment of her needs and strengths, services needed, barriers and efforts to engage the mother in the case plan.

Father: Discuss the caseworker's contacts with the father, assessment of his needs and strengths, services needed, barriers and efforts to engage the father in the case plan.

Non-household members/collateral contacts: Discuss statements or information from collateral contacts, including the referral source, service providers, witnesses and other individuals connected to the family.

Summary of new complaints during the report period: Discuss any new complaints or allegations made during the report period.

Treatment plan and services agreement: Discuss the treatment plan, including whether it was individualized to the family's needs, parent and youth involvement in developing it, the family's progress and any recommended changes.

Support services – progress: Discuss referrals made to family preservation or support services, including whether services have begun, progress to date, etc. Include suggestions for other services if appropriate.

Family Team Meeting (date, team members, decisions made): Discuss the results of a Family Team Meeting scheduled or held, including who was involved and any decisions made by the family team.

Court involvement: Discuss court involvement, including funding requirements, active/reasonable efforts, upcoming court dates and notification of parents, caregivers and tribes (if applicable).

Primary concerns and action steps: Assist the worker in defining the primary concerns leading to risk to the child/ren and action steps to address the concerns.

Case closure: Address closure of the CPS case, including whether contacts and risk assessments were made supporting case closure. If the case was transferred to foster care, address whether relatives or kinship caregivers were screened.

Policy review: Address any policy questions the caseworker may have, including policy clarification, location in on-line manuals and any necessary follow-up. Include any supervisory contact to the policy mailbox.

Worker support and self-care: Discuss issues related to worker self-care, including personal values, worker reaction to the case (secondary trauma) and suggestions for worker support and self-care.